

Case Number:	CM13-0013560		
Date Assigned:	03/26/2014	Date of Injury:	01/16/1992
Decision Date:	04/24/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 69 year-old female who was injured on 01/16/1992. The mechanism of injury is unknown. Prior treatment history includes post-operative physical therapy which included 24 visits as of 07/22/2013. The patient underwent diagnostic and operative arthroscopy with extensive glenohumeral debridement, left shoulder; arthroscopic subacromial decompression, left shoulder; mini open/arthroscopically assisted acromioclavicular joint reconstruction; and mini open arthroscopically assisted CC ligament reconstruction with semi-tendinosis allograft on 02/14/2013. Physical Therapy note dated 07/22/2013 indicated the patient stated she was doing "so, so" due to having multiple things going on, so not just pain in the shoulder. She was able to lie on left side and she is trying to do more things on the left side. The patient reports now she can use her left upper extremity for several ADL's that she could not do before starting treatment. The patient is noted to have tenderness to palpation to supraclavicular region. She is very tender to palpation to subscapular region. The patient was instructed to continue with prescribed HEP. Orthopedic Status Report dated 08/12/2013 indicated the patient is not presently attending physical therapy. She is on a home exercise and stretching program. Her left shoulder pain continues but is slightly improved to 3-7/10, although achy recurrent pain. Objective findings on exam revealed no obvious distal clavicle elevation. Range of motion revealed flexion 130 degrees; abduction 120 degrees; external rotation 60; internal rotation T12. There is positive AC joint/distal clavicular tenderness. There is positive biceps tendon tenderness. There is significant pain and weakness on manual resistive muscle strength testing.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY CONTINUED 3 X PER WEEK FOR 4 WEEKS ON LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to the CA MTUS post-surgical guidelines, post-surgical physical therapy for an open rotator cuff/impingement syndrome is recommended for 30 visits over 18 weeks. The medical records document the patient had received a total of 24 PT visits as of 07/22/213. Last treatment note does not document functional improvement. There was no baseline documentation to show improvement in ADL's, range of motion of strength. Further, the request is for an additional 12 visits of physical therapy which would bring the total visits to 36, exceeding the recommendation of 30 visits. Recommend modification of request to 6 additional PT visits to transition to home-based exercise program. In the absence of documented functional gains, the request is not medically necessary according to the guidelines.